



Resilient Environment Department
CONSUMER PROTECTION DIVISION

1 North University Drive, Box #302 • Plantation, Florida 33324 • 954-765-1700 • broward.org/consumer

Out of County Vehicle Operator Application Information and Instructions Port Everglades Business Permits/Decals and Airport Special Permits

Supporting Documents

You must attach the following supporting documentation to your application:

- A copy of your current vehicle registration
- A copy of your current certificate(s) of insurance must be emailed to CPInsurance@broward.org by your insurance agent.
- A copy of current Corporate/Fictitious Name documents
- A copy of your current Business Tax Receipt from your county of origin (AKA "Occupational License")
- A copy of your current vehicle for hire permit and inspection report from your county of origin
- A copy of your current chauffeur's registration from your county of origin



Note: certificates of insurance must indicate adequate insurance coverage and be in full force and effect. The certificates must list **Broward County as a certificate holder** and must provide at least **30 days advance notice of cancellation**. Vehicles with capacity of **less than 9 passengers** must have insurance with minimum limits of **\$125,000/\$250,000/\$50,000**. Vehicles with capacity of **9-19 passengers** must have insurance with minimum limit of **\$500,000 CSL**. For **each vehicle**, submit a certificate with the year, make and Vehicle Identification Number (VIN); for a **fleet of vehicles**, provide a schedule listing the vehicles with year, make and VIN.

Port Everglades Business Permit Only: Certificate of general liability insurance must have a minimum limit of **\$500,000 per occurrence** and list **Broward County as the certificate holder**.

Permit Fees (Non-Refundable)

- Special Permit Fee (*service to airport*) **\$100**
- Port Everglades First Time Applicant Initial Processing Fee & Late Renewals..... **\$200**
- Port Everglades Annual Business Permit Fee (*new and renewal applicants*)..... **\$250**
- Port Everglades Vehicle Decal Fee (*per vehicle*) **\$15**

All permits expire June 30th

Payment Methods

- **By mail: Check only**
- **In-person: Check or credit card**

Return this application with all necessary documentation and payments to the Division address above.



Resilient Environment Department
CONSUMER PROTECTION DIVISION
 1 North University Drive, Box #302 • Plantation, Florida 33324 • 954-765-1700 • broward.org/consumer

Application for Out of County Vehicle Operator Port Everglades Business Permits/Decals and Airport Special Permits

New Application
 Renewal Application
 Adding Vehicle
 Permit Year

Business Information			
<input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation	Business Account AV#		
Business Name			
DBA Name, if different	County of Origin <input type="checkbox"/> Miami-Dade <input type="checkbox"/> Palm Beach		Other:
Business Address	City	State	Zip
Business Mailing Address	City	State	Zip
Business Phone	Business Fax	Business Email	
Business Mobile Phone	Business Owner Name		

Permit and Vehicle Information (Expires June 30) (Fees Non-Refundable)			
Port Initial Processing Fee or Late Fee (after June 30th)*	# _____	@ \$200 =	_____
Port Annual Business Permit Fee*	# _____	@ \$250 =	_____
Port Decal Fee*	# _____	@ \$15 =	_____
Special Permit Fee	# _____	@ \$100 =	_____
*complete page 3			

	Current Permit #	Vehicle Year	Make/Model	Passenger Capacity	Vehicle Vin # (Last 6 digits)	Port Everglades Decal	OFFICE USE ONLY	
							Date Issued	New Permit #
1						<input type="checkbox"/>		
2						<input type="checkbox"/>		
3						<input type="checkbox"/>		
4						<input type="checkbox"/>		
5						<input type="checkbox"/>		
6						<input type="checkbox"/>		
7						<input type="checkbox"/>		
8						<input type="checkbox"/>		

I certify, under penalty of law that the information provided on this application is true and correct and I acknowledge that I am aware that all information I provide with my application, except credit card numbers, is a matter of public record and is not considered confidential.

Signature _____ Date _____

Office Use Only
 Date Received _____ Receipt No. _____ Amount Paid _____ Processor _____ License Year _____

Port Everglades Business Permit

Business Owners, Partners, Directors and Officer Information

Owner Partner Director Officer

Name _____ Federal ID # or Driver License # _____

Address _____

Owner Partner Director Officer

Name _____ Federal ID # or Driver License # _____

Address _____

Owner Partner Director Officer

Name _____ Federal ID # or Driver License # _____

Address _____

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Has any director, officer, owner, general partner, shareholder, employee or agent who is active in managing your business been convicted of a crime involving fraud, smuggling, bribery, embezzlement, misappropriation of funds or a public entity crime as defined in Chapter 287, Florida Statutes?
<input type="checkbox"/>	<input type="checkbox"/>	Has any director, officer, owner, general partner, shareholder, employee or agent who is active in managing your business been convicted of any felony?

If you answered yes to either of these questions, please attach a summary on a separate sheet of paper, including individual's name, crime, date of conviction, sentence and any other relevant information – including a copy of the judgment or order.

Additional Documentation



You must provide a copy of your certificate of general liability insurance.

Permit Conditions

1. By accepting this non-exclusive permit, permittee agrees to comply with all applicable conditions, rules and regulations contained in Chapter 22^{1/2} of the Broward County Code of Ordinances, with respect to the conduct of the business operated pursuant to this permit; and subject likewise to the terms and provisions of all applicable federal, state and local laws, as amended from time to time.
2. Permittee agrees that he/she is bound by the statements, representations and conditions made during the issuance and/or renewal process, the information filed with County and further acknowledges, by his/her execution of this permit, that he/she has read and reviewed the relevant provisions of the Broward County Administrative Code and the Broward County Code of Ordinances, as amended or reissued, as they relate to the services to be provided under this permit.
3. A limousine, transport van or bus permittee shall not engage in the solicitation of passengers. Limousine, transport van and bus pickups shall be provided on a **prearranged basis only**.

By signing this application form, I agree to be bound by the permit conditions set forth above and understand that violating any condition may result in suspension, revocation and/or non-renewal of this permit and accompanying decals. I certify, under penalty of law that the information provided on this application is true and correct and I acknowledge that I am aware that all information I provide with any application, except credit card numbers, is a matter of public record and is not considered confidential.

Signature

Date

Office Use Only

Date Received _____ Receipt No. _____ Amount Paid _____ Processor _____ License Year _____